TOTAL MANAGERY

2008 SEP 11 A 11: 22

September 1, 2008

Clerk of Court
Mitchell H. Cohen Building & US Courthouse
4th & Cooper Streets, Room 1050
Camden, NJ 08101

Re.: Civil Action Number: 07-2867 (NHL), MDL No. 1850

Claimant: Susan Foresman 3504 Zane Grey Loop Parker, CO 80138 303 877-1072

Please note that I am not opting out of the proposed settlement, but taking this opportunity to comment on the process as well as the proposal in which I intend to participate.

I first want to thank you for your part in ensuring that those of us who lost a member of our family at the hands of irresponsible and possible criminal acts receive some justice.

For many of us our pets are like children, and Lailani was just that, a valued member of the family. Her comfort and needs were a high priority for the years that she was with us. She received every routine and as needed veterinary treatment and ate the highest quality foods that the vet could recommend.

Lailani went to the vet for a dental. After her pre-dental blood work we were elated to hear from our vet that her blood work was "perfect". Dr. Quit proceeded with the dental and there were no complications. Following the dental Lailani was to eat soft food so I purchased gravy products that I knew she would love, some of which were obviously unknown to be tainted. The more she ate, the sicker she got until she would no longer eat and developed among the other organ complications, liver issues. At that point she was being tube fed and ultimately, one night at midnight, I had to love her enough to let her go. I took her to the emergency room at my vet's office and held her as she was euthanized.

The pain that her death caused is impossible to describe. It is one thing for your pet to pass after having given them a good life, and yet another to know that she died because you force fed her poison food. The pain that she endured is indescribable. It is a guilt that is impossible to explain, as I will never forget the look on her face as she pleaded for relief.

I appreciate the opportunity to express my sadness and again, I appreciate your assistance in processing my claim, allowing us to recover the economic loss, realizing that the personal loss can never be replaced.

Sincerely,

Susan G. Fotesman

cc:

Pet Food Settlement c/o Heffler, Radctich \$ Saitta, L.L.P. P.O. Box 890 Philadelphia, PA 19105-0890 purchase reimbursement (up to \$250,000), screenings or testing for healthy pets (up to \$400,000), and all other economic damages, including those relating to the injury or death of a pet (all remaining funds in the Settlement Fund). This is described in greater detail in the Full Notice available at www.petfoodsettlement.com.

4. HOW YOU CAN QUALIFY FOR AND RECEIVE A PAYMENT.

In order to be eligible for any compensation from the settlement, you must:

- fill out this Claim Form in its entirety;
- sign the verification statement in section VII. By signing the verification statement, you swear under penalty of perjury that the information that you have supplied is accurate; and
- · return this Claim Form together with copies of your supporting documentation, if any.

All information submitted will be kept confidential.

I. YOUR INFORMATION
SUSANFORESMAN
Name of Person Submitting Claim: (First, Middle, Last)
3504 Zane Grey Loop
Street Address
CO 20138-4147
City State Zip Code
WSIA
Country
303 693-82516 303 877-1075 303 877-1417
Area Code Telephone Number (Work) Area Code Telephone Number (Home) Area Code Fax Number (optional)
LHT(@POT) TOWN
F-Mail Address (optional):
II. PET INFORMATION
Pet (check one): Dog 🗔 or Cat 🔀 (A separate Claim Form must be submitted for each animal)
LAILAHI HOTESMAH
Pet's Name;
Domes Tic Swort Warr
Breed, if known (optional):
DOMESTICISWORT WALK HPPRDX 8 1971
Pet's Date of Birth (best approximation):
Gender of Pet (check one): Male 🔲 Female 📈
DR FANATHAR QUINT UCA DOUGLAS CO AN hosp
Name of Pet's Veterinarian (Il applicable):
531 Jerry SH
Street Address
COSTILL CO ROLLOY-III
City State Zip Code
U. D. A. C.
Country
303 G88-2480 III III-III III-III
Area Code Telephone Number (Work) Area Code Telephone Number (Home) Area Code Fax Number (optional)
STOULATOOMCACT WAT
E Mail Address (optional):
Mr Vority 2 Doph 1 Stadat
Brand(s) of Receiled Pet Food Purchased and/or Consumed by Your Pet:
DET 4 Thru 000 2006
Date of Durchase or Consumation of Perulled Bet Food by Vour Pet (hest openinguiton):

Ш.	RE	MBURS	EMENT FOR EXPENSES RELATING TO THE TREATMENT, TESTING, DEATH OR INJURY TO YOUR PET					
	Á.	VETER	INARY TESTING AND TREATMENT					
	Ch	eck ONE	of the following three categories and fill in the corresponding blank:					
	 My pet showed no signs of illness and never became sick after eating the Recalled Pet Food, but took my pet to a veterinarian to be tested for illness related to the Recalled Pet Food. 							
			My total veterinary expenses were: 8					
	2.		My pet became sick (i.e., developed the symptoms of acute kidney or renal failure such as vomiting, lethargy, decreased appetite, increased urination and/or increased water intake) but did not die after eating the Recalled Pet Food and I took the pet to a veterinarian for treatment.					
			My total veterinary expenses were: \$					
	3.	<u>~</u>	My pet became sick (i.e., developed the symptoms of acute kidney or renal failure such as vomiting, lethargy, decreased appetite, increased urination and/or increased water intake). I took my pet to a veterinarian for treatment or examination and my pet died after eating the Recalled Pet Food.					
			My total veterinary expenses were: 8 2516 74 Recepts attack					
ilm eco	ited non sum	by the	should provide information regarding those expenses in Section V below. Your recovery may be Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented tages. You will only be reimbursed for veterinary services that are related to your pet's use or if the Recalled Pet Food and not for unrelated veterinary services.					
be (died as a result of eating the Recalled Pet Food, in addition to all other economic damages, you may eceive reimbursement for the following types of expenses to the extent they are reasonable:					
	ì.	NECRO	PSY/PET AUTOPSY:					
		Total E	xpense: \$					
	<u>2.</u>	EUTHA	NASIA/PUTTING YOUR PET TO SLEEP:					
		Total E	xpense: \$ 92,22					
	3.	CREMA Total E	xpense: \$ 92.22 xpense: \$ 111.50 xpense: \$ 111.50 xpense: \$ 111.50					
	4.	BURIA	that privil i pricatora (combination or rolling appropriate only-					
	_	Total E	xpense: \$ A00 40 00					
vic-		Lecover	r the maximum amount you can from the Settlement Fund, attach proof of the expenses and ser- es of such proof are veterinarian bills, veterinarian records, pet cemetery bills, cancelled checks,					
		-	a or earn broot are recentmentally acceleration received but removed annual consequence encount					

To recover the maximum amount you can from the Settlement Fund, attach proof of the expenses and services. Examples of such proof are veterinarian bills, veterinarian records, pet cemetery bills, cancelled checks, receipts, credit card receipts or statements, or a statement from your veterinarian or other person(s) performing the services listed above for which you want reimbursement. To the extent that you do not have documentation of these expenses, you should provide information regarding those expenses below in Section V. Your recovery may be limited by the Claims Administrator and is subject to the 8900 maximum aggregate recovery for undocumented economic damages.

5. PET REIMBURSEMENT

If your pet died and you bought a new pet before May 22, 2008, you may be reimbursed for (i) either the cost or fair market value of your deceased pet, whichever is higher, OR (ii) the reasonable cost of your new pet. You must elect which of these two reimbursements you want.

If your pet died and you did NOT buy a new pet **before May 22, 2008**, you may be reimbursed for either the cost or fair market value of your deceased pet, whichever is higher.

a seeing-eye do	oursement relates to any deceased pet, whether a mixed breed, pure bred, service animal (for example, og) or a show pet. Please check the box or boxes below that apply to you and fill in the corresponding
information:	1
لجبي	I purchased a new pet before May 22, 2008. The breed of my new pet is:
	If you purchased a new pet before May 22, 2008, select one of the following: I seek reimbursement for the cost of my new pet. The cost of my new pet was: \$
_	OR I seek reimbursement for the cost or fair market value of my deceased pet. The cost or fair market value of my deceased pet was: \$
Ц	I did not purchase a new pet before May 22, 2008. Therefore, I seek reimbursement for the cost or fair market value of my deceased pet. The cost or fair market value of my deceased pet was
cost or fair ma Acceptable pro Association Co extent that yo expenses below	r the maximum amount you can from the Settlement Fund, attach a copy of proof of either (1) the arket value of your deceased pet, or (2) the cost of your new pet purchased before May 22, 2008. The cost of includes a receipt, bill, credit card statement, canceled check, AKC Registration, Cat Fancier's ertificate, third party appraisal or other proof of the cost or fair market value of your pet. To the u do not submit documentation of these items, you should provide information regarding those win Section V. Your recovery may be limited by the Claims Administrator and is subject to the \$900 regate recovery for undocumented economic damages.
C. ADDIT	IONAL EXPENSES
state those exp	erred any other expenses related to the death or illness of your pet after it ate the Recalled Pet Food, benses below. Examples of such additional expenses include travel and transportation expenses, propsuch as damage to your carpets), lost wages or any other expense related to your pet's illness or
additional exp documents ref items, your re-	r the maximum amount you can from the Settlement Fund, attach documentation showing these benses. Acceptable proof includes bills, receipts, credit card statements, photographs, and other lecting the payment of these expenses. To the extent that you do not submit documentation of these covery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate indocumented economic damages.
•	EXPENSES (attach additional pages if necessary):
1 mst	time at week toron at no pay in order
70 E	eed (via tube) @ 4 hours was a loss
9 F W	1000, HLL THE TIME, LANI Was
<u> La erin</u>	a force Fed, thru a Freding tobe
the c	very God that Killed her, not
<u>ponin</u>	y Pry idea that it was poisen.
Duri	very God that Killed her, not y Any idea that it was powen. what time I was also anable to
<u>do</u>	overtine as is often. He case
	And the state of t
	<u></u>

IV. RECALLED PET FOOD PURCHASE INFORMATION

You may also be entitled to reimbursement for the purchase of Recalled Pet Food for which you have not already been reimbursed, including by previous return or exchange of product.

Total cost of unreimbursed Recalled Pet Food: \$ 240

To recover the maximum amount you can from the Settlement Fund for unreimbursed Recalled Pet Food, attach documentation showing your purchase of Recalled Pet Food. Acceptable proof includes receipts, cancelled checks, credit card statements, copies of the product labels, other records from place of purchase, or other records that could show you bought the food and how much you paid. To the extent that you do not submit documentation of these items, you should provide information regarding those expenses below in Section V, and your recovery may be limited by the Claims Administrator.

	J		****	
DATE OF PURCHASE (List Chronologically) (Month/Date/Year)	PLACE OF PURCHASE	PRODUCT PURCHASED	NUMBER OF CANS/POUCHES/BAGS PURCHASED	i l
Bernee,2	Store Pet-Smart of	Brand TAYONS	Number 24	Arpa-25.30 \$ 25.30
12/20/06	State	Style Select Bits	Size Solution	
BENNEW)	Store Retterment of	Brand Trude	Number 48	5 PESO - 40
12120100	State CO	Style + Duril	Type PSUL CLA	()
10/18/0P	Store at Ingres of City Earles Coll	Brand Soph isi by Style FURGED Chil	la d	\$ 2500
12/20/46	State CO	1 Tuna	Туре СА.	∩ -00 x ₹
Setwere 16/18/06	Store Carl Savar T	Brand Clocky Style Turken	Number <u>74</u> Size <u>307</u>	1000
12120 106	State	Graux	Type COLV	٥٥٫
10/15/06	Store Vet City Cartle Rock	Brand GD IAD Style Hill	Number 5	\$_85
12 1306 Bones	State Co	Wartant Royal	Type CAYS	
10/12/06	Store Ver-19ean	Brand Canin Style Renal (P	Number 4 V	\$ (00) 2
1213 low	State	oryto Karana San	TypepAck	
	Store	Brand	Number	\$
	State		Туре	ACCUPANTE OF THE PROPERTY OF T
	Store	Brand	Number	\$
	State		Туре	

(Add additional pages, if necessary)

V.	EXPLANATION	OF UNDOCUMENTED.	ECONOMIC DAMAGE

If you did not provide documentation to support some or all of your economic damage claims, you should try to provide here as much information as possible about those claims that are not documented and why you did not provide documentation. Providing this explanation will help the Claims Administrator evaluate your claim.

Attach additional pages if necessary. 1000 01 Ø ŹΟ Arpelsani





Thankship to have the I Keep Sood records bud I dow'd Keep



531 Jerry Štreet Castle Rock, CO 80104 (303)688-2480

Doctor: Julic Hesse DVM . Date: 12/22/2086 at 5:19PM . Invoke Number: 126216

			Patient	
Name: Susan Foresman Address: 3741 Morang Giory Dr. Castle Rock, CO 80104	S B	lame: Laite Species: Felin Breed: Dom Color: Toni	K Bi	or 52420 ex: Female Neut. irth: 08/17/1997 /eight: 0.0 lbs

	Detailed Visit Informat	ion			
	Description	Quantity	Price	Tax	Total Price
Date		1	92.22	. 1	92.22 111.50
12/18/2006	Euthanasia	1	111.50 40.00	į	40.00
1	Private Cremation Miscellaneous Sx		40.00		
1	abreviated necropsy 12/18/06 04:18pm RECEPT JRM				
		<u> </u>	<u> </u>	Subtotal:	\$243.72

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Hospital is open

24 hours a day, 7 days a week all year.

	Invoice Summ	nary	
Patient Name	Total Price	Total Tax	Total Due 24:
Lailuni	Cash: Check: Credit Card:	00.0 00.0	Prev. Balance: 34 Total Due: 278 Amount Paid: 4 Amount Due: 278

Financial Notes

Late charge applied to all accounts unpaid after 30 days. Late charge computed by a periodic rate of 1.50% per month, which is an annual 18%.



531 Jerry Štreet Castle Rock, CO 80104 (303)688-2480

Doctor: J. Quint DVM • Date: 12/15/2006 at 2:57PM • Invoice Number: 125566

	Client				Patient		
Name: Address:	Susan Foresman 3741 Morning Glory Dr. Castle Rock, CO 80104	Acet. No:	10963	Name: Species: Breed: Color:	Lailani Feline Domestic Short Hair Torti W/ White	No: Sex: Birth: Weight:	52420 Female Neut. 08/17/1997 0.0 lbs

	Detailed Visit Information								
Date	Description	Quantity	Price	Tax	Total Price				
12/14/2006	Metoclopram S 1mg/mlxcc	30	7.00		7.00				
	Marin for Cats/60ent	1	28.00.		28.00				
	Denosyl SD4 90mg/30ent	1	28.10		28.10				
	Amoxi-Liq 50mg/ml 30mls	l 1	17.35		17.35				
	Esophagostomy Th Plc	1	117.89		117.89				
	Sedation	. 1	58.30		58.30				
	Fluids SQ	1	30.14		30.14				
	Injectable Metoclopram.	. 4			18.18				
12/15/2006	G/D Dry 4# (Fel)	4	51.68	3.88	55.56				
	A/D Case 5.5oz.	1	32.10	2.41	34.51				
	Biohazard Waste Mgmt.	1	. 4.23.	,	4.23				

Subtotal: \$399.26

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Hospital is open

24 hours a day, 7 days a week all year.

Invoice Summary									
Patient Name Total Price Total Tax Total Due									
Lailani	392.97	6.29	399.26						
	Cash: Check: American Express:	0.00	Prev. Balance: 0.00 Total Due: 399.26 Amount Paid: 399.26 Amount Due: 0.00						

Thank You: Karen M.

VCA Douglas County Animal Hospital 531 Jerry Street Castle Rock, CO 80104



(303)688-2480

[hoctor: J. Quint DVM . Onte: 12/13/2006 at 10:09AM . lavatee Number: 125264]

Client					Patient		
Address: 3741	n Forestian Morning Glory Dr. e Rock, CO 80104	Acct. No:		Name: Species: Breed: Color:	Latieni Februe Domestic Short Hair Torti W/ White	No: Sen: Birth:	52420 Female Neut 08/17/1997 0.0 ths

	Detailed Visit Information								
Date	Description	Quantity	Price	Tax	Total Price				
12/13/2006	Recheck/Evaluation		22.90		22.90				
	Sr. Wellness Test Fel		168.00		168.00				
	Fluids SQ		30.14	1	30.14				
	Injectable Metocloprami	1 4 1	29.95		29,95				
	Biohazard Waste Mgmt.	1	4,23	1	4.23				
			Su	btotal:	\$255.22				

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks. VCA Douglas County Animal Hospital is open 24 hours a day, 7 days a week all year.

Invoice Summary										
Pationt Name	Total Price	Total Tax	Total Due							
Lailani	255.22			255.22						
	Cash: Check; American Express:	0.00	Prev. Balance: Total Due: Amount Paid:	0.00 255.22 25 5.22						
			Amount Due:	0.0						

Thank You: Mary C.

531 Jerry Street Castle Rock, CO 80104 (303)688-2480

Doctor: J. Quint DVM . Date: 11/15/2006 at 6:12PM . Invoice Number: 121910

Cllent Putient Name: Susan Foresman Acet. No: 10963 Name: Lallani No: 52420 3741 Morning Glory Dr. Castle Rock, CO 80104 Address: Species: Feline Sex: Female Neut. Breed: Domestic Short Hair Birth: 08/17/1997 Color: Toru W/ White Weight: 0.0 lbs

	Detailed Visit Informat	on			
Date	Description	Quantity	Price	Tax	Total Price
F1/15/2006	Gen.Anes. 1st 1/2 Hr. Fluid Set Up - SurgeryIV Cath, Sx IncludedIV AdminSx IncludedFluid 1st Bag-Sx Incl Dental Radiograph Dental Radiograph Addt. Liver Profile Amoxi-Liq 50mg/ml 30mls Denosyl SD4 90mg/30cnt Denosyl SD4 90mg/30cnt owner has enough medication at honse, none dispensed 11/15/06 03.48pm RECEPT IRM	1 1 1 1 5 1 1 -1	95.40 65.06 0.00 0.00 21.00 50.00 132.50 17.35 28.10 -28.10		95.40 65.06 0.00 0.00 21.00 50.00 132.50 17.35 28.10 -28.10
	Biohazard Waste Mgmt.	1	4.23		4.23

Subtotal: \$385.54

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Hospital is open

24 hours a day, 7 days a week all year.

	Invoice Sumr	nary		
Patient Name	Total Price	Total Tax	Total Due	- WALV
Lailani	385.54			385.54
	Cash; Check; American Express:	0.00	Prev. Balance: Total Due: Amount Paid: Amount Due:	0.00 385.54 385.54 0.00

Thank You: Jean L.

531 Jerry Street Castle Rock, CO 80104 (303)688-2480

Ductor: J. Quim DVM - Date: 11/02/2806 at 2:52PM - Invoice Number: 120298)

Client				Patient	-	
Name: Susan Foresitan Address: 3741 Morning Clory Dr Castle Rock, CO 80104	Acct. Not	10963	Nome: Species: Breed: Color:	Lallani Feline Domestic Short Hair Toru W/ White	No: Sex: Birth: Weight:	52420 Female Neut 08/17/1997 0 0 lbs

	Detailed Visit Information									
Date	Description	Quantity	Price	Tax	Total Price					
11/02/2006	Recheck/Evaluation Biohazard Waste Mgmt. Pet Piller	1 1	22.90 4.23 5.64		22.90 4.23 5.64					
	•		Sı	intotel:	\$32.77					

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Mospital is open

24 hours a day, 7 days a week all year.

Invoice Summary										
Patient Name	Total Price	Total Tax	Total Due							
Lailani	32.77			32.77						
	Cash: Check:		Prev. Bulance: Total Duc:	0.00 32.77						
	American Express:		Amount Paid: Amount Due;	32.77 32.77 0.00						

Thank You: Linda R.



531 Jerry Street Castle Rock, CO 80104 (303)688-2480

Dector: J. Quim DVM - Date: 10/24/2006 at 12:30PM - Invoice Number: 119232

Client		Patleot					
Numer Address:	Susan Foresman 3741 Morning Glory Dr. Castle Rock, CO 80104	Acct. No:	10963	Nome: Species: Breed: Color:	Lation) Feline Domestic Short Hair Torn W/ White		52420 Female Neur 08/17/1997 0.0 lbs

Detailed Visit Information									
Date	Description	Quantity	Price	Tax	Total Price				
10/24/2006	Recheck/Evaluation Orbifloxacin 22.7mg Liver Profile	10	22.90 27.02		22.90 27.02				
	Biohazard Waste Mgmt.	1	132.50 4.23		132.50 4.23				
	•			hintal	23 3812				

Involce Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Hospital is open

24 hours a day, 7 days a week all year.

	Invoice Sumi	Rary		
Patient Name	Total Price	Total Tax	Total Due	
Lailani	186.65			186.65
	Cash:	0.00	Prev. Balance:	0.00
	Check:	0.00	Total Duc:	186,65
	American Express:	186.65	Amount Paid:	186.65
			Amount Due:	0.00

Thank You: Erin T.



531 Jerry Street Castle Rock, CO 80104 (303)688-2480

(Doctor: J. Quint DVM + Date: 10/13/2006 ut 5:28PM - Invoice Number: 118024)

	Client				Patient		
Name: Address:	Susan Foresman 3741 Morning Glory Dr Castle Rock, CO 80104	Acet. No:	10963	Name: Species: Breed: Color:	Lailani Feline Domestic Short Hair Torti W/ White	No: Sex: Birth: Weight:	52420 Female Neut. 08/17/1997 0.0 lbs

Detailed Visit Information									
Date	Description	Quantity	Price	Tax	Total Price				
	Support Service no charge recheck exam per JQ 10/13/06 11 28am RECEPT IRM	1	0.00		0.00				
	Sr. Wellness Test Fel Fluids SQ Biohazard Waste Mgmt.	i i i	168.00 30.14 4.23		168.00 30.14 4.23				

Subtotal: \$202.37

Invoice Notes

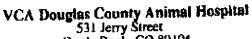
We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Hospital is open

24 hours a day, 7 days a week all year.

	Invoice Sum	півгу		
Patient Name	Total Price	Total Tax	Total Due)
Hendon Willie Lailani	442.62 452.62 202.37			442.62 452.62 202.37
	Cash: Check: American Express:	0.00	Prev. Balance: Total Due: Amount Paid; Amount Due:	0.00 1,097.61 1,097.61 0.00

Thank You: Erin T.



531 Jerry Street Castle Rock, CO 80104 (303)688-2480

Ductor: J. Quint DVM + Date: 10/18/2006 at 4:44PM + Invalce Number: [18497

Patient Cllent No: Nex: Birth: 52420 Lattani Acet. No: 10963 Name: Numer Susan Foresman Female New Feline 3741 Morning Glory Dr Castle Rock, CO 80104 Species: 08/17/1997 Address Domestic Short Hair Hreed: Weight: 0.0 lbs Torti W/ White Color:

Detailed Visit Information Oughtity Price Tax To										
Date	Description	Quantity	Price	Тах	Total Price					
	Fluid Therapy Set Up		97.59	_	97.59					
) Oz i 4/2006	Fluid 1st Bag		0.00		0.00					
	I.V. Catheter Include	1 1	0.00		0.00					
	-1.V. Administrat. Set	1 1	0.00		0.00					
	Injectable KCL	lil	20.84	· I	20.84					
	Injectable Vitamin K		18.12		18.12					
	Injectable Vit B Complx	1 2	17.78	!	17.78					
	Denosyl SD4 90mg/30cm	1 1	28.10		28.10					
		1 1	18.14		18.14					
	Injectable Ampicillin		13.56		13,56					
	Nursing/Injections	1 1	27.50		27,50					
	Partial Day Hospitaliz.	1 1 1	71.84		71.84					
	Fructosamine Test	1 : 1	27.50		27.50					
	Partial Day Hospitaliz.	1 3 !	27.12		27.12					
	Nursing/Injections	1 1	27.50		27.50					
10/15/2006	Partial Day Hospitaliz.		27.50		27.50					
	Partial Day Hospitaliz.	1	27.12		27.12					
	Nursing/Injections	7	27.50	ì	27.50					
10/14/3000	Partial Day Hospitalia.		18,14		18.14					
	Injectable Ampicillin	1 !!	18.12		1 18.12					
	Injectable Vitamin K	1 1 1	13.56		13.56					
	Nursing/Injections	1 ! !			27.50					
	Partial Day Hospitaliz.		27.50		27.12					
	Nursing/Injections	2	27.12		27.50					
10/17/2006	Partial Day Hospitaliz.	; L ,	27.50	ļ	27.12					
	Nursing/Injections	2	27.12							
10/18/2006	Injectable Ampicillin		IB.14		18.14					
	Injectable Vitamin K	1 1	18.12	ŀ	18.12					
	Partial Day Hospitaliz.	1 1	27.50		27.50					
	Amoxi-Liq SUmg/ml 15mls] 1 1	15.10	1	15.10					
	Cyproheptadine 4mg	15	22.47		22.47					
	A/D Case 5.5oz.	1	32.10	2.41	34.51					
	Biohazard Wuste Mgmt.	1	4.23	<u> </u>	4.23					
				Subtotal:	\$776.84					

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Hospital is open

24 hours a day, 7 days a week all year.

VCA Dougles County Animal Hospital
531 Jerry Street
Castle Rock, CO 80104
(303)688 2480

(Buctor: J. Quant BVM . Inde: 10/19/2006 at 4:44PM . Invoice Number: 118607)

	Involce Sum	nary		
Patient Name	Total Price	Total Tax	Total Due	
Lailani	774.43	2.41		776.84
	Cash: Check: Credit Card:	0.00	Prev. Balance: Total Due: Amount Paid; Amount Due:	U.00 776.84 0.00 776.84

Thank You: Karen M.

Financial Notes

Late charge applied to all accounts unpaid after 30 days. Late charge computed by a periodic rate of 1.50% per month, which is an annual 18%.



531 Jerry Street Castle Rock, CO 80104 (303)688-2480

Dactur: J. Quint BVM . Date: 12/16/2006 at 3:08PM . Invotes Number: 125712

Client	Patient				
Name: Susin Foresman Address: 3741 Morning Glory Dr. Castle Rock, CO 80104	Name: Species: Greed: Color:	Laiteni Fetine Domesiic Short Hair Torti W/ White	No: Sex: Birth: Weight:	52420 Female Neur 08/17/1997	

Detailed Visit Information									
Dute	Description	Quantity	Price	Tax	Total Price				
	Fluids SQ Biohazard Waste Mgmt.		30.14 4.23		, 30.14 , 4.23				
		·	8	uhtotal:	\$34.37				

Invoice Notes

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.

VCA Douglas County Animal Rospital is open

24 hours a day, 7 days a week all year.

	Invoice Sumi	nary		
Patient Name	Total Price	Total Tax	Total Due	
Lailani	34.37			34.37
	Cash: Check: Credit Card:	0.00	Prev. Balance: Total Due: Amount Pald: Amount Due:	0.00 34.37 0.00 34.37

Thunk You: Linda R.

Financial Notes

Late charge applied to all accounts unpaid after 30 days. Late charge computed by a periodic rate of 1.50% per month, which is an annual 18%.

VI. PRIOR SETTLEMENT/REIMBURSEMENT

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The Buddy Center™ Receipt No: R06-068039

DUMB FRIENDS

4556 Castleton Court • Castle Rock, CO 80109 • (303) 751-5772 • http://www.ddfl.org

Patron Info:

SUSAN FORESMAN / P849201

3741 Morning glory Dr. Castle rock, CO 80109 Receipt Date: Mon 11/27/06

Card No:

Received From: SUSAN FORESMAN / (303) 877-1072

#	Item Description / Manufacturer / Item Code	Animai ID	Reference No	ı	Price	Each	i	Amount
1	Fee: Cat B-CAT			\$	70.00	1	\$	70.00
		•			Fotal F	e es (Due)	5 . y	¥40(00)
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-Animal Information-

Animal ID	Animal Name	Animai Type	Age	Sex	Breed	Color	
A411436	Sadle	Cat	5y Öm	SF	Domestic th / Mix	Calic	1

Sadie was adopted as an ill cat as she was suffering from depression & has become very sick. I did not want her to be put down. She remained at the Dunb Freiends League hospital until just before Lailani dued. She is healthy now a mo